

Do you have current or past employment at any North Dakota State Government Agency? No Yes

Agency: _____

Employment Dates: _____

Average Hours Worked per Week: _____

Insurance Coverage Dates: (if applicable) _____

Do you have current or past employment at any North Dakota University System Campus or Office? No Yes

Campus/Office Name: _____

Employment Dates: _____

Average Hours Worked per Week: _____

Insurance Coverage Dates: (if applicable) _____

Do you have current or past employment at any North Dakota State University Department? No Yes

Department Name: _____

Employment Dates: _____

Average Hours Worked per Week: _____

Insurance Coverage Dates: (if applicable) _____

Are you performing work for NDSU outside the United States? No Yes

Details:

Are you performing work for NDSU outside the state of North Dakota? No Yes

Details:

Are you a previous TIAA participant? No Yes If yes, list dates: _____

Additional space for information on any of the above:

The facts stated on this form are true and complete, to the best of my knowledge. I understand that making an omission of fact or a false statement may be sufficient cause for dismissal after employment.

I understand the hours per week for this position (or percent of time) are _____ and determined by my supervisor.

Print First Name _____ Middle Initial _____ Last Name _____ Empl ID/Student ID (if known) _____

Signature _____ Date _____

E-Mail Address (for hiring/onboarding emails) _____ Retype E-Mail Address for verification (both must match) _____ Phone Number _____

****Upload this form as an attachment to the "Hire in Manager Self Service"**

For Department Use Only
Supervisor Name: _____ Compensation Rate: _____